

PROCEDURE 18 - Accident/Illness Reporting and Recording

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Synopsis

This procedure establishes requirements and responsibilities for investigating and recording all occupational injuries, illnesses, equipment/property damage, motor vehicle and near-miss accidents and incidents. The procedure complies with the requirements of 29 CFR 1904, "Recording and Reporting Occupational Injuries and Illnesses" and 29 CFR 1960 Subpart I, "Record Keeping and Reporting Requirements for Federal Employees." This procedure applies to all NWS facilities, work locations and employees.

Initial Implementation Requirements:

- **Analyze Site Operations versus Requirements of the Procedure**
- **Develop/Obtain Documentation/Information required for Site**
 - Ensure availability of required accident/illness reporting forms (CD-137, CA-1, CA-2, CA-16, SF-91, SF-94, etc) (Attachment A-G)
- **Provide Local Training of Site Personnel**
- **Personnel Awareness Training**

Recurring and Annual Task Requirements:

- **Review/Update Documentation/Information required for Site**
 - Maintain records related to incidents and unsafe conditions for 5 years (*18.3.3f*)
 - Post annual summary of occupational incidents and illnesses (*18.3.5d*)
- **Perform Occupational Injuries Investigation/Corrective Action Determination**
- **Provide Refresher Training of Site Personnel (If Applicable)**

Accident/illness Reporting and Recording Checklist

Requirements	Reference	YES	NO	N/A	Comments
Is initial and annual review of this procedure conducted and documented?	18.5.2				
Are all employees aware of reporting procedures of accident/illnesses?	18.5.4				
Are required incident reporting forms available for site personnel use?	Attachments A-G				
Is Accident/Illness reporting form CD-137 used to report employee injury, illness, and property damage?	18.3.1				
Is form CD-137 initiated within 6 working days?	18.3.1d				
Are all occupational injuries investigated to determine corrective action necessary to preclude recurrence of similar incidents?	18.3.1c				
Are employees encouraged to orally report unsafe acts, unhealthful working conditions or use Form CD-351, if necessary?	18.3.3				
Do employees report to their supervisors upon return to work from an occupational accident or illness?	18.3.1i				
Are Forms SF-91, SF-94, CD-137 used to report motor vehicle related incidents?	18.3.2				
Are procedures related to immediately reportable incidents or incidents resultant in death or hospitalization of three or more employees followed?	18.3.1f, h				

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Requirements	Reference	YES	NO	N/A	Comments
Is a copy of annual site specific summary of occupational injuries and illnesses posted no later than 45 days after close of fiscal year for at least 30 days?	18.3.5d				
Are all incidents reported to the Regional Safety Manager at pertinent ASC?	18.5.2b				

18 ACCIDENT/ILLNESS REPORTING AND RECORDING

18.1 Purpose and Scope

As part of its goal to provide a safe and healthful workplace, the National Weather Service (NWS) has established requirements and responsibilities for the investigation and recording of all occupational injuries, illnesses, equipment/property damage, motor vehicle and near-miss accidents and incidents to comply with the requirements of 29 CFR 1904, "Recording and Reporting Occupational Injuries and Illnesses" and 29 CFR 1960 Subpart I, "Record Keeping and Reporting Requirements for Federal Employees." This procedure applies to all NWS facilities, work locations and employees.

18.2 Definitions

Accident/Incident. An unexpected, unplanned, unwanted event or occurrence which either results in personal injury/illness and/or property damage.

ASC. Administrative Support Center.

Employee. Any person employed or otherwise permitted, or required to work by the NWS.

Field Office. A Field Office may include the following: Weather Forecast Office (WFO), River Forecast Center (RFC), Weather Service Office (WSO), and a Data Collection Office (DCO).

Near Miss. An accident/incident which does not result in personal injury/illness and/or property damage but had the potential to do so and/or a situation in which an inappropriate action occurs or necessary action is omitted, but is detected and corrected before an adverse effect on personnel or equipment results.

Occupational Illness. Any abnormal physical conditions or disorders other than one resulting from an occupational injury caused by exposure to environmental factors which are associated with employment.

Occupational Injury. Any injury such as a cut, fracture, sprain, amputation, etc. which results from a work accident or from a single instantaneous exposure in the work environment.

Operating Unit. For the purpose of this procedure, Operating Unit includes the National Centers for Environmental Prediction (NCEP), National Data Buoy Center (NDBC), NWS Training Center (NWSTC), National Reconditioning Center (NRC), Radar Operations Center (ROC), or the Sterling Research & Development Center (SR&DC).

Recordable Injury or Illness. All work-related fatalities, illnesses and those related injuries which result in loss of consciousness, restriction of work or motion, transfer to another job or required medical treatment beyond first aid.

RSM. NOAA Regional Safety Manager (RSM) located at the respective Administrative Support Center (ASC).

Station Manager. For the purpose of this procedure, the Station Manager shall be either the NWS Regional Director; Directors of Centers under NCEP (Aviation Weather Center, NP6; Storm Prediction Center, NP7; and Tropical Prediction Center, NP8); Directors of the NDBC, NWSTC, and Chiefs of NRC, ROC and SR&DC facilities; or Meteorologist in Charge (MIC), Hydrologist in Charge (HIC), or Official in Charge (OIC).

18.3 Procedure

18.3.1 Accident/Incident Resulting in an Occupational Injury/Illness. When accident/incident results in injury, the first priority is to ensure that the work area is safe in order to prevent injuries to additional personnel and to provide a prompt medical assistance to the injured.

- a. The Department of Commerce (DOC) Accident/Incident Form CD-137 (See Attachment A) shall be used in the following cases: federal employee injury, illness or death; incidents involving motor vehicles and Federal property; and incidents involving non-federal persons and Federal property and combination of Federal and non-Federal employees and Federal and non-federal property.
- b. The Form CD-137 shall be initiated within six (6) working days. When completed, the four part form shall be distributed to the following personnel:
 - (1) Employee
 - (2) Employee's supervisor
 - (3) NOAA Regional Safety Manager
 - (4) NWS Regional or Operating Unit Environmental/Safety Coordinator
- c. The Department of Labor (DOL) Forms "Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay" Form CA-1 (Attachment C) and "Notice of Occupational Disease and Claim for Compensation" Form CA-2 (Attachment D) shall be completed and forwarded to the Department of Workers' Compensation Operations Center.

<p>NOTE: Worker's Compensation Specialist will provide a guidance if additional forms are required.</p>
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- d. Any medical treatment (if required) shall be administered immediately. DOL Form CA-16, Authorization for Examination And/Or Treatment, (Attachment G) shall be completed and signed by the Station Manager authorizing treatment..

18.3.2 Accident/Incident Resulting from Equipment/Property/Motor Vehicle Damage

- a. All equipment/property/motor vehicle damage accidents/incidents shall be investigated to determine the appropriate corrective actions necessary to preclude the recurrence of similar accidents/incidents.

- b. Report all incidents involving equipment/property/motor vehicle damage to the supervisor responsible for the equipment, property, and/or motor vehicle.
- c. Any vehicle accident on public roads shall be investigated by appropriate police. Form SF-91 (Attachment E), Operator's Report of Motor Vehicle Accident and, if appropriate, Form SF-94 (Attachment F), Statement of Witness, must be completed. Form SF-94 may be used to record witness identity and accident/illness information but shall not be used in place of Form CD-137. A copy of these reports shall be submitted to the RSM.
- d. Any accident/incident involving damages shall be recorded on Form CD-137 and distributed per paragraph 18.3.1.b.

18.3.3 Safety Hazard Reporting

- a. Employees are encouraged to orally report unsafe or unhealthful work conditions to their immediate supervisor who shall promptly investigate the situation and take appropriate corrective actions.
- b. Supervisors may contact NWS Regional Environmental/Safety Coordinator or NOAA Regional Safety Manager (RSM) for assistance.
- c. The employee may submit a written report of unsafe or unhealthful working conditions to Regional/Operating Unit Environmental/Safety Coordinator or RSM using Form CD-351, if employee does not wish to notify supervisor for personal reasons or supervisor fails to take a corrective action within a reasonable time frame. (See Attachment B).
- d. Regional/Operating Unit Environmental/Safety Coordinator or RSM shall contact originator of report to acknowledge its receipt and discuss the seriousness of the reported hazard. Supervisor shall be informed the hazard has been reported.
- e. Imminent danger situations reported shall be investigated within 24 hours. Potentially serious situations shall be investigated within 3 days.
- f. If the reported incident involves a health hazard, the assistance of a competent industrial hygienist shall be requested.
- g. The RSM or Environmental/Safety Coordinator must provide a written interim or complete response to the originator of the report within 15 working days of receipt. Interim reports should include the expected date for a complete response.
- h. The complete response shall indicate the appropriate channels available for formal appeal (see Chapter 10, paragraph 03 of DOC Safety Manual for additional information related to appeals).
- i. Employees involved in a near miss shall report the incident to their supervisor(s) who shall investigate it immediately.

- j. The records related to unsafe or unhealthful working conditions or near-miss incidents shall be maintained for five years.

18.3.4 Incident/Accident Reporting and Investigation

- a. All accidents/incidents resultant in injury must be reported and investigated. When an accident/incident occurs the affected employee shall report the incident to his/her supervisor. The supervisor must ensure that proper forms are completed.
- b. The following accidents/incidents shall be reported immediately by the Station Manager to the RSM at the ASC and to NWS Regional Safety or Environmental/Safety Coordinator:
 - (1) An accident which is fatal to one or more employees.
 - (2) Any occupational accident which results in hospitalization of three or more Federal or non-Federal employees.
 - (3) An incident which involves property or vehicle damage of \$100,000 or more.
 - (4) Any occupational accident/incident involving both Federal and non-Federal employees which results in a fatality or hospitalization of three or more employees within 30 days of the accident/incident.
- c. Within eight hours after the death of any employee from a work-related incident or the in-patient hospitalization of three or more employees as a result of a work-related incident, the Station Manager or his designee shall orally report the fatality/multiple hospitalization by telephone or in person to the Area Office of the Occupational Safety and Health Administration (OSHA) that is nearest to the site. OSHA's toll-free phone number, 1-800-321-6742, can also be used.
- d. Accidents not immediately reportable but resulting in death or hospitalization of three or more employees within 30 days of the date of the accident shall be reported to the appropriate RSM and Regional or Operating Unit Environmental/Safety Coordinator within eight hours from the time the supervisor becomes aware of the death or multiple hospitalizations. All accidents or incidents that are not subject to immediate reporting requirements should be reported on Form CD-137 within six working days.
- e. All occupational injuries shall be investigated to determine the appropriate corrective action necessary to preclude recurrence of similar incidents. Once an injury/illness has occurred, the Station manager shall ensure that corrective actions are taken to prevent future recurrences.

- f. All near-miss accidents/incidents shall be investigated to determine root causes and appropriate corrective actions necessary to preclude recurrences of similar near misses which could eventually result in an occupational injury/illness or property/equipment/vehicle damage accident/incident.
- g. The RSM in conjunction with Regional Environmental/Safety Coordinator must assure that investigation is performed by the supervisor of the injured person. RSM and NOAA Safety division in conjunction with NWS headquarters, NWSEO representative and other designated personnel will conduct investigation of all serious accidents that require OSHA notification.
- h. An employee, prior to returning to work from an occupational accident or illness, shall report to the supervisor and advise him/her of their return to work status and any restrictions or conditions for work

18.3.5 Recording

- a. Recordable injuries/illnesses will be recorded in the NOAA Safety Information Reporting System (SIRS), substitute to Federal Occupational Injuries and Illnesses Log 300, by the NOAA Environmental and Safety Office and RSMs,.
- b. The site-specific log shall be maintained by each NWS office and updated based on information provided by the NOAA Environmental Safety and Health office.
- c. Completed report forms and logs shall be maintained by site management and Regional or Operating Unit Environmental/Safety Coordinators for at least five years. Copies of CD-137 forms and logs shall be provided by Environmental/Safety Coordinators to the NWS Safety Officer at NWSH.
- d. The completed log summary maintained by each site shall be posted no later than 45 calendar days after the close of the fiscal year for at least 30 days in a conspicuous place or places in the establishment where notices to employees are customarily posted.

18.4 Quality Control

18.4.1 Regional and Operating Unit Environmental/Safety Coordinators

- a. Shall perform an annual assessment of the regional headquarters facilities or operating unit to monitor and promote compliance with the requirements of this procedure.
- b. Shall perform assessments or designate personnel to perform assessments of all field offices to monitor and promote compliance with the requirements of this procedure every two years.
- c. Shall maintain a file of site accident/illnesses reports for at least five years and provide copies of the reports to NWS Safety Officer at NWSH.

18.4.2 Station Manger

Shall review, or delegate review, of this procedure on an annual basis to ensure that the facility is complying with its requirements. Confirmation of this review shall be forwarded to the Regional or Operating Unit Environmental/Safety Coordinator.

18.4.3 NWS Headquarters (WSH)

- a. The NWS Safety Office shall perform an annual assessment of the NWSH facilities to ensure that the facilities are in compliance with this procedure.
- b. The NWSH Safety Office shall periodically perform an assessment of the regional headquarters and field offices to ensure compliance with this procedure. The frequency of these regional and field office assessments shall be determined by the NWSH Safety Office.
- c. Requests for clarification concerning this procedure shall be directed to the NWSH Safety Office.

18.5 Responsibilities

18.5.1 Regional and Operating Unit Environmental/Safety Coordinators*

- a. Shall monitor and coordinate to promote compliance with the requirements of this procedure for the regional headquarters and field offices or operating units.

18.5.2 Station Manager*

- a. Shall have oversight over the implementation of this procedure, and ensure that the requirements of this procedure are followed by individuals at the NWS facility.
- b. Ensure that annual log of accidents and illnesses is maintained and posted in accordance with 18.3.5.
- c. Shall assure that all accidents/incidents resulted in injury/illness are investigated and reported.

18.5.3 Safety or Environmental/Safety Focal Point*

- a. Shall ensure that any responsibilities delegated to them by the Station Manager are implemented in accordance with the requirements of this procedure.
- b. May be assigned the duties of investigation, recording and reporting as designated by the Station Manager.
- c. Shall assist in the investigation and information-gathering of all illnesses/accidents and incidents..

18.5.4 Supervisor

- a. The affected employee's supervisor shall be responsible for completion of items 13 through 20 of Form CD-137 for injuries or illness.
- b. The affected employee's supervisor shall also distribute copies of this completed form to the employee, supervisor, Safety or Environmental/Safety Focal Point, Regional Safety Manager, and the Regional or Operating Unit Environmental/Safety Coordinator.
- c. Complete Form CA-1, "Federal Employees Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation" items 17 through 38, and obtain witness information (if appropriate, item 16) for completion of Items 17 through 20. (See Attachment C).
- d. Complete Form CA-2, "Notice of Occupational Disease and Claim for Compensation" items 19 through 35. (See Attachment D).
- e. Completed Forms CA-1 and CA-2, shall be forwarded to the DOC,
Worker's Compensation Operations Center, c/o Contract Claims Services, Inc.
(CCSI, L.P.)

6301 Campus Circle Drive East

Irving, TX 75063
- f. Complete Form CA-16 "Authorization for Examination and/or Treatment", items 6 through 118. (See Attachment G).

18.5.5 Employees

- a. Individual employees affected by this procedure are required to read, understand and comply with the requirements of this procedure.
- b. Employees shall report unsafe or unhealthful conditions and practices to their supervisor or safety or environmental/safety focal point.
- c. Employees shall complete items 1 through 12 of Form CD-137. Completed form shall be submitted to the supervisor with two working days.
- d. Employees shall complete items 1 through 15 of Form CA-1 and items 1 through 18 of Form CA-2. Completed forms shall be submitted to the supervisor within six days.
- e. Employees shall complete items 1-5 of Form CA-16 before medical treatment can be obtained (if employee is cognizant and not in a life threatening situation).
- f. Employees who decided to submit Form CD-351, shall complete items 1 through 8 of the form. Completed form shall be submitted to the Regional or Operating Unit Environmental/Safety Coordinator or NOAA Regional Safety Manager.

NOTE: * - Reference NWS PD 50-11 for complete list of responsibilities
<http://www.nws.noaa.gov/directives/050/pd05011a.pdf>

18.6 References

Incorporated References. The following list of references is incorporated as a whole or in part into this procedure. These references can provide additional explanation or guidance for the implementation of this procedure.

- 18.6.1 U.S. Department of Commerce, Department Administrative Orders Series, Chapter 9, Title: Safety.
- 18.6.2 US. Department of Commerce Occupational Safety and Health Manual, July 1997, Chapter 11.
- 18.6.3 U.S. Department of Labor, Occupational Safety and Health Administration, 29 CFR 1904, Recording and Reporting Occupational Injuries and Illnesses.
- 18.6.4 U.S. Department of Labor, Occupational Safety and Health Administration, 29 CFR 1960, Subpart I: Record Keeping and Reporting Requirements for Federal Employees.
- 18.6.5 U.S. Department of Labor Reporting Forms:
<http://www.dol.gov/esa/regs/compliance/owcp/forms.htm>
- 18.6.6 U.S. Department of Labor, Division of Federal Employees' Compensation Home Page:
<http://www.dol.gov/esa/regs/compliance/owcp/fecacont.htm>
- 18.6.7 U.S. Department of Commerce, Office of Human Resource Management:
http://204.193.246.61/employees/workers_comp.htm

18.7 Attachments

- Attachment A: U.S. Department of Commerce Form CD-137 "Report of Accident/Illness"
- Attachment B: U.S. Department of Commerce Form CD-351 "Report of Possible Safety/Health Hazard"
- Attachment C: U.S. Department of Labor Form CA-1 "Federal Employees Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation"
- Attachment D: U.S. Department of Labor Form CA-2 "Notice of Occupational Disease and Claim for Compensation"
- Attachment E: U.S. Department of Labor Form SF-91 "Operator's Report of Motor Vehicle Accident"
- Attachment F: U.S. Department of Labor Form SF-94 "Statement of Witness"

Attachment G: U.S. Department of Labor Form CA-16 “Authorization for Examination
And/Or Treatment”

Attachment H: Summary of Accident/Illness Reporting and Recordkeeping Requirements

ATTACHMENT A

Form CD-137 “Report of Accident/Illness”

ATTACHMENT B

Form CD-351 “Report of Possible Safety/Health Hazard”

ATTACHMENT C

**Form CA-1 “Federal Employees Notice of Traumatic Injury and Claim for
Continuation of Pay/Compensation”**

ATTACHMENT D

Form CA-2 “Notice of Occupational Disease and Claim for Compensation”

ATTACHMENT E

Form SF-91 “Operator’s Report of Motor Vehicle Accident”

ATTACHMENT F

Form SF-94 “Statement of Witness”

ATTACHMENT G

Form CA-16 “Authorization for Examination And/Or Treatment”

ATTACHMENT H

**Summary of Accident/illness
Reporting and Recordkeeping Requirements**

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Form Type	Applicability	When Completed	Completed By	Where Submitted	Reporting/Recordkeeping
CD-137, Report of Accident/Illness (DOC)	The form shall be used in case of federal employee injury, illness or death; incident involving motor vehicles and federal property; incidents involving non-federal persons and federal property and combination of federal and non-federal employees and federal and non-federal property.	Shall be initiated within 6 working days	<p>Employees shall complete items 1-12</p> <p>Supervisor shall complete items 13-20</p> <p>The NOAA Environmental and Safety Office in conjunction with RSM maintains the NOAA Safety Information Reporting System, substitute to Federal Occupational Injuries and Illnesses Log 300.</p>	<p>Submit to immediate supervisor</p> <p>Provide a completed copy to employee, safety focal point, Station Manager, Regional Safety Manager (RSM) at ASC, NWS Regional Environmental/Safety Coordinator, and NWSH</p>	<p>RSM and NWS Regional Coordinator shall be informed immediately of an accident which is fatal to one or more employees, results in hospitalization of three or more employees, results in fatality or hospitalization of three or more employees within 30 days of the incident; results in excessive damage to equipment or facilities in excess of \$100,000 or when a situation curtails operations for more than four hours.</p> <p>Completed CD-137 forms shall be maintained for a period of five years.</p>
CD-351, Report of Possible Safety/Health Hazard (DOC)	The form should be used to report possible safety and health hazards if employee does not wish to notify supervisor for personal reasons or supervisor fails to take corrective action within a reasonable time frame.	The form may be completed any time.	<p>Blocks 1-8 shall be completed by employee.</p> <p>Blocks 8-13 shall be completed by investigating safety official (the RSM or Regional Coordinator)</p>	Submit to Regional Coordinator or NOAA RSM.	<p>A written interim or complete response shall be provided by Regional Coordinator or RSM within 15 days of the receipt of the report.</p> <p>The CD-351 reports shall be maintained for 5 years on site.</p>

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Form Type	Applicability	When Completed	Completed By	Where Submitted	Reporting/Recordkeeping
CA-1, Federal Employees Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (DOL)	The form shall be completed to obtain continuation of pay benefit for disability resulting from traumatic job-related injury.	Form must be filed within 30 days following the injury. To avoid possible interruption of pay, form should be filed within two working days	Employee or someone acting on his/her behalf shall complete items 1-15. Item 16 is completed by a witness Supervisor or Compensation Specialist completes items 17-38	CA-1 should be forwarded by Supervisor or Compensation Specialist to the DOC Worker's Compensation Operations Center.	The form must be submitted by Federal Express to DOC Worker's Compensation Operations Center within ten calendar days after its completion. U.S. Department of Commerce c/o CCSI, L.P. 6301 Campus Circle Drive East Irving, TX 75063 All other claims related documents should be sent to this address: <i>CCSI, L.P.</i> <i>P.O. Box 542528</i> <i>Dallas, Texas 75354-2528</i> <i>The contact numbers at CCSI, L.P. are (800) 743-2231, FAX (800) 743-3293.</i>

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Form Type	Applicability	When Completed	Completed By	Where Submitted	Reporting/Recordkeeping
CA-2, Notice of Occupational Disease and Claim for Compensation (DOL)	The form shall be completed by employee who intends to claim compensation related to occupational disease.	When disease is diagnosed by a medical professional	Employee must complete items 1-18. Supervisor completes items 19-35.	CA-2 should be submitted to DOC Worker's Compensation Operations Center. U.S. Department of Commerce c/o CCSI, L.P. 6301 Campus Circle Drive East Irving, TX 75063 All other claims related documents should be sent to this address: <i>CCSI, L.P.</i> <i>P.O. Box 542528</i> <i>Dallas, Texas</i> <i>75354-2528</i> <i>The contact numbers at CCSI, L.P. are</i> <i>(800) 743-2231, FAX</i> <i>(800) 743-3293.</i>	When disability does not result in time loss, medical expenses or anticipated disability, the CA-2 should be retained as a part of the Employee's Medical File. Narratives prepared by employee and supervisor should be also submitted within 30 days.

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Form Type	Applicability	When Completed	Completed By	Where Submitted	Reporting/Recordkeeping
CA-16, Authorization for Examination and/or Treatment (DOL)	The form is used to authorize initial medical treatment in traumatic injury cases.	The form must be available within four hours after a request is made for medical treatment of traumatic injury. Where emergency treatment was received, the form must be issued within 48 hours after treatment.	Station Manager or other Authorizing official fills out Part A - Authorization Part B is filled out by Attending Physician.	CA-16 is submitted to DOC Worker's Compensation Operations Center. U.S. Department of Commerce c/o CCSI, L.P. 6301 Campus Circle Drive East Irving, TX 75063 All other claims related documents should be sent to this address: <i>CCSI, L.P.</i> <i>P.O. Box 542528</i> <i>Dallas, Texas</i> <i>75354-2528</i> <i>The contact numbers</i> <i>at CCSI, L.P. are</i> <i>(800) 743-2231, FAX</i> <i>(800) 743-3293.</i>	Hospital and related medical bills should be submitted to DOC Worker's Compensation Operations Center. All disease cases must be approved by DOC Worker's Compensation Operations Center before CA-16 is issued. The name of the person who approved issuing of authorization must be recorded in item 7 of the form.
SF-91, Operator's Report of Motor Vehicle Accident (DOL)	The form shall be filled out in case of a motor vehicle accident resulting in equipment, property and motor vehicle damage.	As soon as accident occurred.	Section I-IX shall be completed by employee involved in the accident Section X is completed by employee's supervisor Sections XI-XIII are completed by an accident investigator for bodily injury, fatality and/or damage exceeding \$500.	Copy of the Form should be submitted to RSM along with CD-137. If GSA vehicle is involved in the accident, a copy of the form should be submitted to GSA in accordance with instructions shown in the vehicle packet.	The reports must be retained in the office and at ASC.

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Form Type	Applicability	When Completed	Completed By	Where Submitted	Reporting/Recordkeeping
SF-94, Statement of Witness (DOL)	The form should be filled out if there is a witness of motor vehicle accident resulted in equipment, property and motor vehicle damage.	After accident occurred.	Witness of the accident	Copy submitted to RSM , along with SF-91 and CD-137	The reports must be retained in the office and at ASC.